

NORTHERN WISCONSIN CENTER FOR D.D.

2820 WEST PARK AVENUE. P.O. BOX 340

CHIPPEWA FALLS 54729 Phone: (715) 723-5542

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/02): 192

Total Licensed Bed Capacity (12/31/02): 260

Number of Residents on 12/31/02: 174

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

State

FDDs

No

No

Yes

179

| | | | | | | | | | |
|------------------------------------|-----|---|--|-------|------------|---------------------------|-------|---------------------------------|-------|
| ***** | | | | | | | | | |
| Services Provided to Non-Residents | | Age, Sex, and Primary Diagnosis of Residents (12/31/02) | | | | Length of Stay (12/31/02) | | % | |
| ----- | | | | | | | | | |
| Home Health Care | No | Primary Diagnosis | | % | Age Groups | | % | Less Than 1 Year | 2.9 |
| Supp. Home Care-Personal Care | No | ----- | | ----- | ----- | | ----- | 1 - 4 Years | 8.0 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | | 100.0 | Under 65 | | 92.0 | More Than 4 Years | 89.1 |
| Day Services | No | Mental Illness (Org./Psy) | | 0.0 | 65 - 74 | | 4.6 | ----- | ----- |
| Respite Care | No | Mental Illness (Other) | | 0.0 | 75 - 84 | | 3.4 | 100.0 | |
| Adult Day Care | No | Alcohol & Other Drug Abuse | | 0.0 | 85 - 94 | | 0.0 | ***** | |
| Adult Day Health Care | No | Para-, Quadra-, Hemiplegic | | 0.0 | 95 & Over | | 0.0 | Full-Time Equivalent | |
| Congregate Meals | No | Cancer | | 0.0 | ----- | | ----- | Nursing Staff per 100 Residents | |
| Home Delivered Meals | No | Fractures | | 0.0 | ----- | | 100.0 | (12/31/02) | |
| Other Meals | No | Cardiovascular | | 0.0 | 65 & Over | | 8.0 | ----- | |
| Transportation | No | Cerebrovascular | | 0.0 | ----- | | ----- | RNs | 6.8 |
| Referral Service | No | Diabetes | | 0.0 | Sex | | % | LPNs | 13.8 |
| Other Services | Yes | Respiratory | | 0.0 | ----- | | ----- | Nursing Assistants, | |
| Provide Day Programming for | | Other Medical Conditions | | 0.0 | Male | | 62.1 | Aides, & Orderlies | 143.1 |
| Mentally Ill | No | ----- | | ----- | Female | | 37.9 | ----- | |
| Provide Day Programming for | | ----- | | 100.0 | ----- | | ----- | ----- | |
| Developmentally Disabled | Yes | ----- | | ----- | ----- | | 100.0 | ----- | |

Method of Reimbursement

| Medicare (Title 18) | | | Medicaid (Title 19) | | | Other | | | Private Pay | | | Family Care | | | Managed Care | | | Total Resi- dents | % Of All | |
|------------------------|-----|-----|------------------------|-----|-------|---------------------|-----|-----|---------------------|-----|-----|---------------------|-----|-----|---------------------|-----|-----|-------------------------|----------------|---------------------|
| Level of Care | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | | | Per Diem (\$) |
| Int. Skilled Care | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Skilled Care | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Intermediate | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Limited Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Personal Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Residential Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Dev. Disabled | --- | --- | --- | 174 | 100.0 | 497 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 174 | 100.0 |
| Traumatic Brain Inj | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Ventilator-Dependent | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 |
| Total | 0 | 0.0 | | 174 | 100.0 | | 0 | 0.0 | | 0 | 0.0 | | 0 | 0.0 | | 0 | 0.0 | | 174 | 100.0 |

| ***** | | | | | |
|---|------|--|------|--------------------------------------|-----------|
| Admissions, Discharges, and Deaths During Reporting Period | | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02 | | | |
| | | ----- | | | |
| Percent Admissions from: | | Activities of | | % Needing | Total |
| | | % | | Assistance of | Number of |
| | | Independent | | One Or Two Staff | Residents |
| Private Home/No Home Health | 0.0 | Daily Living (ADL) | 4.6 | 32.2 | 174 |
| Private Home/With Home Health | 12.5 | Bathing | 16.1 | 46.0 | 174 |
| Other Nursing Homes | 0.0 | Dressing | 56.3 | 23.6 | 174 |
| Acute Care Hospitals | 0.0 | Transferring | 31.0 | 38.5 | 174 |
| Psych. Hosp.-MR/DD Facilities | 75.0 | Toilet Use | 44.8 | 31.6 | 174 |
| Rehabilitation Hospitals | 0.0 | Eating | | | |
| Other Locations | 12.5 | ***** | | | |
| Total Number of Admissions | 8 | Continence | % | Special Treatments | % |
| Percent Discharges To: | | Indwelling Or External Catheter | 0.0 | Receiving Respiratory Care | 3.4 |
| Private Home/No Home Health | 0.0 | Occ/Freq. Incontinent of Bladder | 58.0 | Receiving Tracheostomy Care | 0.0 |
| Private Home/With Home Health | 0.0 | Occ/Freq. Incontinent of Bowel | 52.3 | Receiving Suctioning | 1.1 |
| Other Nursing Homes | 0.0 | | | Receiving Ostomy Care | 6.3 |
| Acute Care Hospitals | 0.0 | Mobility | | Receiving Tube Feeding | 5.7 |
| Psych. Hosp.-MR/DD Facilities | 4.8 | Physically Restrained | 31.6 | Receiving Mechanically Altered Diets | 82.8 |
| Rehabilitation Hospitals | 0.0 | | | | |
| Other Locations | 76.2 | Skin Care | | Other Resident Characteristics | |
| Deaths | 19.0 | With Pressure Sores | 0.0 | Have Advance Directives | 0.0 |
| Total Number of Discharges | | With Rashes | 7.5 | Medications | |
| (Including Deaths) | 21 | | | Receiving Psychoactive Drugs | 66.7 |

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

| | This Facility % | FDD Facilities % | Ratio | All Facilities % | Ratio |
|--|-----------------------|------------------------|-------|------------------------|-------|
| ----- | | | | | |
| Occupancy Rate: Average Daily Census/Licensed Beds | 68.8 | 83.9 | 0.82 | 85.1 | 0.81 |
| Current Residents from In-County | 5.2 | 38.2 | 0.14 | 76.6 | 0.07 |
| Admissions from In-County, Still Residing | 12.5 | 18.5 | 0.67 | 20.3 | 0.62 |
| Admissions/Average Daily Census | 4.5 | 20.3 | 0.22 | 133.4 | 0.03 |
| Discharges/Average Daily Census | 11.7 | 23.6 | 0.50 | 135.3 | 0.09 |
| Discharges To Private Residence/Average Daily Census | 0.0 | 9.8 | 0.00 | 56.6 | 0.00 |
| Residents Receiving Skilled Care | 0.0 | 0.0 | 0.00 | 86.3 | 0.00 |
| Residents Aged 65 and Older | 8.0 | 15.3 | 0.53 | 87.7 | 0.09 |
| Title 19 (Medicaid) Funded Residents | 100.0 | 99.2 | 1.01 | 67.5 | 1.48 |
| Private Pay Funded Residents | 0.0 | 0.6 | 0.00 | 21.0 | 0.00 |
| Developmentally Disabled Residents | 100.0 | 99.5 | 1.00 | 7.1 | 14.08 |
| Mentally Ill Residents | 0.0 | 0.4 | 0.00 | 33.3 | 0.00 |
| General Medical Service Residents | 0.0 | 0.1 | 0.00 | 20.5 | 0.00 |
| Impaired ADL (Mean)* | 55.2 | 54.0 | 1.02 | 49.3 | 1.12 |
| Psychological Problems | 66.7 | 48.2 | 1.38 | 54.0 | 1.23 |
| Nursing Care Required (Mean)* | 13.4 | 11.3 | 1.18 | 7.2 | 1.86 |